

ISSUE SLIP STAPLE AREA (for additional cross references)

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	Dr	45	10-30-03
O.I.P.E. CLASSIFIER	WAI	81.9	11/15
FORMALITY REVIEW			12-08-03
RESPONSE FORMALITY REVIEW			

INDEX OF CLAIMS

✓ ..... Rejected  
 = ..... Allowed  
 - (Through numeral)... Canceled  
 + ..... Restricted

N ..... Non-elected  
 I ..... Interference  
 A ..... Appeal  
 O ..... Objected

Claim	Final	Original	Date
1	5	2	
2	6	1	
3	7	2	
4	8	2	
5	9	5	
6	10	5	
7	11	5	
8	12	1	
9	13	2	
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Claim	Final	Original	Date
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If more than 150 claims or 10 actions  
 staple additional sheet here

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